View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Springer - Publisher Connector

BMC Geriatrics

BioMed Central

Meeting abstract

Open Access

Melanoma in the elderly and sentinel lymph node biopsy: a single center experience of 124 consecutive patients

P Mainente, R Gianesini, S Faccin, S Ricciardi*, E Mion, G Antonelli and L De Santis

Address: U.O.A. Chirurgia Generale Ospedale S. Lorenzo Valdagno – VI, Italy

* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, **9**(Suppl 1):A3 doi:10.1186/1471-2318-9-S1-A3

This abstract is available from: http://www.biomedcentral.com/1471-2318/9/S1/A3

© 2009 Mainente et al; licensee BioMed Central Ltd.

Background

The best treatment for patients with pathological stage I–II malignant melanoma (sec AJCC) remains controversial because patients are unlikely to benefit from routine lymphoadenectomy (over treatment risk 80%) in this stage. On the other hand, pitfalls in the identification of occult melanoma are significant (20%). Our objective was to evaluate the single center application of sentinel lymphoadenectomy for the management of early stage melanoma. The sentinel lymph node biopsy (SLN) is a minimally invasive technique of staging the regional lymph nodes for melanoma that balance risks and effectiveness.

Methods

From April 2002 a total of 124 patients with mean age of 56.9 (range 21–90) years, were studied in the multidisciplinary outpatient clinic for melanoma at "Ospedale di Valdagno – ULSS 5". We analyzed 83 patients treated from 2002 through 2008 who underwent SLN biopsy for melanoma. Candidates for SLN are patients with thick primary melanoma (>1 mm sec Breslow) or less if ulcerated or with regression. One day before surgery, lymphoscintigraphy has been performed using 99 mTc-human serum albumin. Intraoperatively, blue dye was injected around the primary site and the nodes were identified using both blue dye and hand-held gamma probe.

Results

Of the 124 patients, 44 were over 65 years old (35.4%); 27 male and 17 female with mean age of 75.3 years (66–90). Primaries were on head/neck (n = 18), trunk (n = 11), upper extremities (n = 7), lower extremities (n = 8). The most common histology was superficial spreading (18) followed by: 11 nodular melanoma, 12 melanoma on lentigo maligna, 1 acral melanoma, 2 metastases of unknown origin. The median tumour thickness was 3.56 mm (0.5–10) and 7 were melanoma ulcerated; 5 melanoma with regression. Among these patients we performed 17 SLN. Metastases in sentinel node were present in 2 cases (11.6%). A man with ulcerated melanoma of the trunk with tumor thickness >5 mm underwent axillaries lymphoadenectomy (25 lymph node removed, 0 metastases) and an 88 year-old female with in-transit metastases (primary knee melanoma) underwent inguinal-crural-otturatory lymphadenectomy (27 nodes removed, 0 metastases). Median hospital stay for the last 2 patients was 5 days and the post-operative course was uneventful.

Conclusion

SLN status is the most important prognostic factor in stage I–II malignant melanoma. Indeed, after 27 months follow-up in 612 SLN-negative patients, disease-free survival was 91%, recurrence rate was 9% and mortality rate was less than 2%. In the SLN-positive group overall survival was 77% and recurrence rate of 33% with a mortality rate of 16%. The procedure helps to identify high-risk recur-

rence patients, and stratify these patients into more aggressive adjuvant therapy. SLN is widely accepted even in older population however in those patients relationship between age and SLNB is not established.

Publish with **BioMed Central** and every scientist can read your work free of charge

"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:
http://www.biomedcentral.com/info/publishing_adv.asp

BioMedcentral